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OFFICE USE ONLY			

DATE	LIC #	AMOUNT
OFFICE USE ONLY		

# APPLICATION FOR STORE MILK LICENSE

NAME																															
TRADE NAME																															
STREET NUMBER						STREET																									
CITY																															
STATE			ZIP CODE						-																						
COUNTY																															

Check or Money Order for license      The applicant certifies that he will comply

**IMPORTANT**  
**COMPLETE BOTH SIDES**

REVISÉD 7/03

Check or Money Order for license fee shown on reverse side must accompany application

The applicant certifies that he will comply with all the applicable orders and regulations of the Division of Marketing & Development

( )  
Phone Number

Signature of Applicant

- TREASURER**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EXISTING STORE PURCHASED FROM

(NAME OF PREVIOUS OWNER AND TRADE NAME, IF KNOWN)

DATE OF PURCHASE \_\_\_\_\_ MILK LIC/ID NO OF PREVIOUS OWNER \_\_\_\_\_

EXISTING STORES LICENSE FEE BASED ON WEEKLY AVERAGE OF MILK SOLD DURING THE PREVIOUS TWO MONTHS BY THE PREVIOUS OWNER IN ACCORDANCE WITH THE STORE FEE SCHEDULE ABOVE

WEEKLY AVERAGE QUART EQUIVALENTS	LICENSE FEE \$
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500 or Less Per Week.....	\$ 25.00
501 to 1,500 Per Week.....	\$ 50.00
1501 to 3,000 Per Week.....	\$ 75.00
3001 or More Per Week.....	\$ 100.00